DOCUMENT RESUME

ED 370 008 CG 025 284

AUTHOR Thomas, Michele B.
TITLE The Future of Marriage and Family Counseling from a Systems Perspective.
PUB DATE [92]
NOTE 28p.; Paper presented at the Convention of the Association for Counselor Education and Supervision (San Antonio, TX, September 17-20, 1992).
PUB TYPE Speeches/Conference Papers (150) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Counseling Psychology; Counseling Services; *Counseling Theories; *Family Counseling; *Futures (of Society); Group Therapy; *Marriage Counseling; Milieu Therapy; Planning

ABSTRACT

One of marital and family therapy's key contributions to counseling is its use of systems theory; that is, studying a phenomenon in relation to its context. This paper addresses several contexts which will influence marriage and family counseling: (1) the future of psychotherapy; (2) marriage and family counseling's projected future; and (3) the vision of the future for professional counseling in general. Psychotherapy, states the author, must adapt itself to increasing pluralism in the field and in the population. New techniques are needed to adapt to increasing ethnicity, economic limitations, and more complex contexts. Marriage and family therapists in particular must integrate various theoretical positions as well as incorporate technical eclecticism so as to better involve reluctant family members. Increased interest in family involvement in therapy, proscribed therapeutic situations, and the reconciliation of opposites will all influence future therapy. For the future of professional counseling, licensure, program accreditation, psychoeducational approaches, the changing family, as well as other issues, will require therapists to adapt accordingly. Counselors of all types will become more involved in medical settings. The increasing importance of the family, along with its rising complexity, in therapeutic approaches will dictate more training for professionals to meet these new demands. Contains 30 references.) (RJM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 370 008

The Future of Marriage and Family Counseling from a Systems Perspective

Michele B. Thomas, Ph.D.
Professor of Psychology

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

M. Thomas

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Department of Psychology
Tennessee State University
3500 John Merritt Boulevard
Nashville, TN 37209-1561

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CG025284

The Future of Marriage and Family Counseling from a Systems Perspective

by Michele B. Thomas, Ph.D.

One of the key contributions of marital and family therapy is its use of systems theory. Adapted from the work of the biologist, von Bertalanffy, a system may be defined as "a complex of interacting parts" (Thomas, 1992). In other words, any phenomenon can be studied in relation to what affects it, that is, the context. Therefore, to discuss the future of "marriage and family counseling," one must first consider the broad contexts which affect marriage and family counseling. In thinking about what influences marriage and family counseling, several contexts come to mind. First of all, what happens to psychotherapy affects marriage and family counseling. Secondly, the projected future in the field of marital and family therapy influences marriage and family counseling. Finally, the vision of the future for the field of professional counseling impacts marriage and family counseling. These macrosystems will be addressed to determine future trends for "marriage and family counseling." In addition, how these future trends will affect jobs and the counseling vocation will be discussed.

Where Is Psychotherapy Heading in the Future?

In honor of the Centennial of the American Psychological Association, Freedheim (1992) edited a volume on the history of psychotherapy that included chapters on chronological history, theoretical perspectives,

psychotherapy research, the practice of psychotherapy with diverse populations, education and training in psychotherapy, and the future of psychotherapy. In particular, Norcross and Freedheim (1992) conducted a Delphi study of the experts contributing to the volume. In contrast to widely accepted directions such as the movement toward integration in psychotherapy and the emergence of health psychology, they analyzed and emphasized six recurring and new themes: pluralism, the pressure of economics, a focus on the context, specific interventions for specific diagnoses, the importance of the therapeutic relationship and the links between process and outcome.

Norcross et al. (1992) also conducted a Delphi study of the authors of the History of Psychotherapy (Freedheim, 1992), psychotherapists who had participated in a similar Delphi study in 1980, and the contributors to a special issue of the journal, Psychotherapy (Norcross, 1992), dedicated to the future of psychotherapy. Short-term therapy, educational classes for diverse disorders, marital therapy and conjoint family therapy were all expected to increase. Active, present-oriented, directive styles of therapy would increase with family systems, eclectic, cognitive and integrative therapies leading the way.

Pluralism

Diversity is the key word as psychotherapy has expanded to a wide cross-section of settings from traditional private practice to schools, prisons, health maintenance

organizations, child guidance services, and other service arenas (Norcross & Freedheim, 1992). As a result, different therapeutic styles have been developed to treat a wider range of dysfunctions and diverse providers have sprung up to meet the needs of specific clientele. Whereas in the past, proponents of specific theories have rigidly held to their theoretical orientations, a trend toward tolerance is emerging which is fueling the popularity of eclectic approaches and those that integrate one or more theoretical positions. Underserved populations such as ethnic minorities, the elderly and children are receiving increased attention. The typical provider uses diverse modalities, routinely conducting marital therapy and family therapy in addition to traditional individual therapy. Pluralism has become the watchword of the psychotherapy endeavor.

Economics

As the population of the United States ages, health-care costs escalate producing pressure on the health-care system (Berman et al., 1987: Norcross & Freedheim, 1992). Various cost-containment alternatives will limit the availability of therapy and dictate short-term types of treatment. Self-help groups and self-change books will increase in popularity as alternatives or ancillaries to psychotherapy.

With the advent of managed health care, the amount of paper work has dramatically increased and will continue to do so as will the emphasis on accurate diagnosis

and clear treatment plans. Such developments may constitute opportunities for marital and family therapy if its cost effectiveness can be documented (Pike & Piercy, 1990). The industrialization of the health care arena will mean that business values will predominate and those therapies and providers who can deliver services in the shortest time and for the lowest cost will be used more often.

Contextualism

One major trend is the movement to consider any client as part of a network of significant relationships. Actions cannot be taken without affecting in a reciprocal, interactive way those who are in relationships with the person who is the client. Such a view is systemic and demonstrates the influence that constructivism, research on feminine identity and marital and family therapy have had on psychotherapy as a whole.

Specific Interventions for Specific Diagnoses and the Importance of the Therapeutic Alliance

With the acceptance of the various editions of the Diagnostic Statistical Manual of Mental Disorders by the insurance establishment and the helping fields, appropriate treatment plans and interventions are being developed to treat specific diagnoses. Yet at the same time, the importance of non-specific relationship factors have been underscored by recent research. Research studies in the future will contain process-outcome links that can be measured, so that specific techniques and relationship

styles can be assessed for particular disorders. As the country ages, practice in health psychology and the health care arena will mandate such specificity.

Movement toward Integration in Psychotherapy

Goldfried & Castonguay (1992) detail the serious efforts being made toward theoretical integration. For example, the Society for the Exploration of Psychotherapy Integration has recently been formed with its own journal.

Some leaders in the field believe that theoretical integration will be too time consuming and perhaps epistemologically impossible. For example, Lazarus & Beutler (1992) believe that technical eclecticism should engage the energies of the clinical academicians, because the selection of specific techniques from diverse schools of therapy used in particular sequences could be tested with clients with specific diagnoses. The rationale for selection and the sequencing of the techniques would be fruitful topics for future research. In addition, particular styles of the therapeutic alliance could be tested with clients with specific disorders.

Psychotherapy with Ethnic Minorities and Other Under-Served Groups

Comas-Diaz (1992) projects the future of psychotherapy with ethnic minorities. In the short term, she believes that traditional psychotherapies will be tailored for specific ethnic minorities, but in the long term as the population of ethnic minorities becomes the majority in the United States, the types of therapies developed specifically

for them will be those most widely disseminated for the population at large. Thomas (1986) and Thomas & Dansby (1985) give examples of themes and techniques developed for use with Black clients.

Where Is the Field of Marital and Family Therapy Heading?

As the American Association for Marital and Family Therapy celebrated its Fiftieth Anniversary in Miami in October of 1992, the field of marital and family therapy reached mid-life. A second generation of leaders has emerged as many of the pioneers have passed away in recent years. One of the major tasks of these leaders will be the integration of diverse approaches into an eclectic systemic model that can be used effectively by single practitioners in private practice settings (Thomas, 1992).

Theoretical Integration and Technical Eclecticism

Since most of the family therapy approaches were originally funded by federal grants, they were unique in form and style with charismatic leaders who often held rigidly to their theoretical positions. With the growth and maturing of the field, tolerance of diverse views and dialogue among proponents of various schools is occurring, for example, see Jacobson (1991), Snyder & Wills (1991), Gurman (1991), Markman (1991), Baucom & Epstein (1991), and Wills et al. (1987).

When completing the research for a textbook on marital and family therapy, no less than 50 journal articles were found that attempted to integrate various theories and

techniques into an integrated model. One example of such a model is the Lightning Whelk: A Co-Evolutionary Helix of Family Therapy Theories by Thomas (1992) that matches the use of techniques from diverse theories to the developmental level of client families (see Figure 1) and to the tendencies of a family to favor inclusion (a centripetal style) versus independence (a centrifugal style) during stress. Such approaches are attempts to integrate diverse theories (theoretical integration) and to provide a rationale as to if and when specific techniques should be used with a given family (technical eclecticism). In this model the contradictory forces of change and stability or of differentiation and integration are reconciled.

Coyne and Liddle (1992) evaluate the future of systems theory as a mechanism for both theoretical integration and technical eclecticism in psychotherapy as a whole. They concluded that an extended dialogue might occur between systemic and non-systemic therapies, but that there were dangers of premature harmony or repulsion. Much could be gained by confronting the differences, yet accepting the strengths and limitations of both.

Innovations to Involve Reluctant Family Members in Treatment

Since individual therapy for marital conflict has a higher probability of divorce, marriage and family therapists should make every attempt to involve reluctant family members in treatment. For example, Guillebeaux et al. (1986) offer suggestions for enticing the reluctant male

into treatment.

Once in therapy, strategies are needed for dealing with resistant and difficult clients. These areas will be fruitful topics of future research and clinical innovation.

Increased Demand for Marital and Family Therapy

The divorce rate will continue to rise, yet paradoxically family will mean more. Therefore, there will be an increased demand for marital and family therapy (Thomas, 1992; Norcross & Freedheim, 1992; Norcross et al., 1992).

Reconciliation of Opposites

As with human beings at mid-life, there are many opposites that will be reconciled by the field of marital and family therapy at mid-life.

1. The third-party reimbursement of marital and family treatment will increase while lay-led enrichment groups will also proliferate (Thomas, 1992). Gurman & Kniskern (1992) in looking at the future of marital and family therapy emphasize that insurance reimbursement policies will shape future practice. Since marital and family therapy often produce results in a brief time, insurance companies will fund such therapy when planned effectively to treat specific diagnosis-related groups. Yet at the same time, health-maintenance organizations and individuals themselves will focus on prevention, seeking out enrichment groups that

place the responsiblity to change on the couples and families themselves (Norcross & Freedheim, 1992; Norcross et al., 1992).

2. Marital and family therapy will increase in medical treatment settings while families will participate in research on prevention of diverse medical disorders (Thomas, 1992). Just as health psychology has mushroomed in the last decade, marital and family therapy as acute care and as secondary treatment for a wide diversity of chronic illnesses will multiply rapidly. At the same time, research will be funded to identify the healthy family processes that prevent disorders in high-risk populations.

3. Research will focus on prescriptionism (specific techniques for treating families with specific problems at different stages of the family life cycle) while research on healthy families from diverse cultures and family structures will also increase (Thomas, 1992). For example, Jacobson et al. (1989) document how spouses should be involved in marital therapy in the treatment of depression, agoraphobia, and alcoholism. Avis & Sprenkle (1990) have compiled the outcome research on family therapy training that includes its efficacy with specific disorders. While such research with specific disorders is being conducted, the National

Institute of Mental Health is funding projects on healthy communication and social influence processes within the family.

4. Professional standards will increase in marital and family therapy while at the same time families will initiate self-change taking responsibility for their health by seeking out support groups and enrichment programs led by lay leaders (Thomas, 1992). As Gurnman & Kniskern (1992) point out, equivalency training that has been acceptable in the past will give way to professional standards requiring a degree in marital and family therapy. While the standards will definitely increase for professional marital and family therapists, families will seek out support groups and enrichment programs run by lay leaders in church and other community settings (Norcross & Freedheim, 1992; Norcross et al., 1992).

5. In research, opposites will be reconciled as well. For example, Jacobson (1991) speaks of his research with couples who upon follow up had relapsed after behavioral marital therapy. He devised a technique of acceptance in which the couple recognizes that one spouse cannot change a given personality trait that represents a barrier to the intimacy of the couple. The couple dialogues about the trait, the possible origins of the trait and how it impacts

the relationship. Paradoxically, the discussion of the barrier leads to increased intimacy on the part of the couple based on improved empathy and ironically there is often some change for the better in the trait when it is accepted.

Where Is the Field of Professional Counseling Heading?

Walz et al. (1991) and Capuzzi & Noeth (1984) have projected alternative futures and the counseling skills needed to implement those futures, respectively. Since my task today is to focus on the vision for marriage and family counseling, I will only address the trends which will have the greatest impact on "marriage and family counseling."

Growth

The American Counseling Association (ACA) will continue to grow and new divisions representing new specialities in the field of professional counseling will develop. For example, the International Association of Marriage and Family Counselors was founded in 1990 as a new division of the American Counseling Association.

Specialty Accreditation Criteria

The International Association of Marriage and Family Counselors created a set of specialty criteria for the accreditation of marriage and family counseling programs as part of the accreditation process of the Council of Counseling and Related Educational Programs (CACREP). These criteria were approved by the American Counseling Association and sent to the Council of Postsecondary

Accreditation (COPA) that has approved them.

Th[illegible] (1983) encouraged counselor education programs to obtain both CACREP and AAMFT accreditation. However, as the accreditation standards of both groups became more specific, the gap widened between the criteria of both groups, making it extremely difficult for a counselor education program to obtain both types of accreditation. Therefore, a set of specialty guidelines within the accreditation criteria of CACREP will mean that more counselor education programs will have accredited specialties in marriage and family counseling.

More States Will Pass Professional Counselor Licensure Bills

As additional states pass Professional Counselor licensure bills, counseling will be recognized as a separate profession. Just as psychologists or social workers practice marital and family therapy as well as individual psychotherapy, professional counselors will conduct marriage and family counseling and individual counseling. Depending upon the profession, the percentage of time spent on marital and family work will range from 25% to 50%.

In addition, scores on the National Board of Certified Counselors Examination is being used in many states as one of the criteria for licensure. Since Professional Counselors will be expected to conduct marital and family therapy, it is quite possible that an additional section on marriage and family counseling might be added to the examination in the future.

Contextualism

Steenberger (1991) in the Journal of Counseling and Development shows how contextualism animates both constructivism and interactional counseling. Emanating from lifespan development and role theory, contextualism has implications for future counseling.

Needs Assessment of ACA members

Family issues have been of interest to the counseling profession. For example, Okun (1984) compiled an annotated bibliography of the marital and family literature for the ERIC Clearinghouse on Counseling and Personnel Services to be used by counselors and counselor educators.

Thrash-Redo (1990) as her doctoral dissertation conducted an assessment of preservice and inservice training needs of members of ACA in relation to child, youth and family issues. She found that there was greater concern for issues related to the problems of youths than with those related to nontraditional family structures. Counselors indicated that they could benefit from additional training in family counseling. She recommended that counseling graduate students be exposed to the realities of family pluralism and that family systems and direct contact with families and couples be required of all counseling students, not just those wishing to specialize in marriage and family counseling. She suggested that students receive comparable training in both systemic and individual approaches.

Where Is "Marriage and Family Counseling" Heading?

Integration of Counseling Approaches

As with psychotherapy as a whole and marital and family therapy in particular, marriage and family counseling will continue to struggle with ways of integrating widely divergent theoretical approaches. For example, Ham (1991) proposes a framework for integration based on three characteristics of paradox to meet the challenges that counselor educators face in teaching marriage and family counseling courses.

Technical Eclecticism

Building upon a relationship established with the client, marriage and family counselors will continue to select techniques from diverse theoretical schools. A pragmatic, intuitively based approach with clients will predominate. There will be an increased demand for in-service workshops for marriage and family counselors that teach specific techniques from diverse approaches and when to use them.

Prescriptionism Built upon a Strong Therapeutic Alliance

One of the major strengths of professional counseling as a field has been its emphasis on the counseling relationship. When research in psychotherapy and even marital and family therapy are just beginning to emphasize the importance of the therapeutic alliance, perhaps even begrudgingly, studies accepted in the counseling field have always emphasized the development of the relationship between counselor and client. In fact, the relationship has

been emphasized so much that speaking of it in counseling circles, a presenter may run the risk of being considered passe or outdated.

The trend in counseling is to highlight what is relatively new for the field such as workshops on the DSM III-R and specific treatments for specific clinical diagnoses. In the rush to become experts on psychopathology in order to qualify for third-party reimbursement, it is hoped that marriage and family counseling will not lose touch with its roots in reliance on the counseling relationship at the very time when process outcome research in psychotherapy documents the fundamental importance of non-specific relationship factors to positive therapeutic results.

Psychoeducational Approaches

As ways of delivering services to larger numbers of people in shorter periods of time, psychotherapy as a whole and marital and family therapy, in particular, are beginning to offer knowledge-based workshops on different diagnoses such as depression. Since marriage and family counselors often have had teaching experience or have teaching skills, such programs are a natural and enjoyable way of building a practice or working within an institutional setting such as a school. Entire families can attend the classes or groups of married couples (if focusing on marital issues). Such approaches tend to minimize the isolation of families who are experiencing the identified problem whether or not it is

alcohol and drugs, bulimia, or depression. They may choose to talk to other families only during the classes or may make friendships that extend beyond the confines of the class. If experiential techniques are utilized within the psychoeducational format, the classes can function as enrichment and as a support group for the families who are involved. Although not typically reimbursed by insurance, the fees can be kept low so that families can afford to attend. This can be a very effective recruitment tool for a private practice, establishing the marriage and family counselor as an expert with a particular specialty in the disorder that is the topic of the psychoeducational classes.

Thomas (1992) proposed a Quadratic Model of Family Service Delivery that shows the diversity of modalities that can and will be used with families by the creative counselor (see Figure 2). Alternatives include psychoeducational classes that are cognitive in nature, enrichment activities that are process oriented and experiential, therapy sessions that treat the family when in crisis or during the acute phases of a disorder, and support groups that provide on-going continuity of care over the long term. These modalities can overlap, for example, with therapy including educational components and education encompassing specific information about the treatment of a particular disorder. The focus of responsiblitlity for change must remain with the family in the delivery of any of these services.

Increased Use of Conjoint Couples Group Counseling

One modality that is becoming reimbursable by some insurance companies is conjoint couples group counseling in which four to six couples are seen together for treatment. Usually experiential techniques are used to harness the emotional and physical energies of group members.

Feminist Concerns and the Rise of Contextualism

One theme that will permeate marriage and family counseling is gender concerns. As research has documented that the identities of women have developed within webs of significant relationships, the emphasis on contextualism will continue to grow in popularity.

Toward a New Definition of Family--Working with Diverse Families

The definition of family has shifted to a phenomenological perception of what "family" constitutes to a given individual. The marriage and family counselor of the future will work with increasingly diverse family structures. Lesbian and gay couples raising children, grandparents adopting and raising their grandchildren, single-parent families, "boomerang" families where divorced adults have returned home bringing their own children with them, "sandwich-generation" families in which the parents are caring for their own elderly parents while raising their own adolescents, step-families with children from several marriages, commuter-marriage families comprise just a few examples of the diversity in family structures.

In addition, the marriage and family counselor will work with families from many ethnic backgrounds. In addition to Black, Hispanic and Asian dwellers in the inner cities, emigrants continue to enter the United States from Iraq, Cambodia, Haiti, Mexico and other countries. They experience "culture shock" as they attempt to assimilate into the American melting pot. A second or third language will be an asset in working with these families as well as the ability to conduct marriage and family counseling with an interpreter present.

Marital and Family Diagnoses

Rather than being hemmed in by the individual diagnoses of DSM-III-R, marital and family diagnoses will be developed by the advent of DSM-V that will become reimbursable by insurance companies. Marriage and family counselors will participate in the formulation and piloting of these practice innovations.

Beyond Tolerance toward Collaboration

Finally, as a metaphor of psychotherapy as a whole, the professional associations in the helping fields will move beyond tolerance toward collaboration. The DSM-IV Classification Coalition comprised of representatives from a diverse number of professional associations in mental health is just one example of such collaboration. Efforts in effecting procedures for dealing with managed health-care companies may be one area of fruitful collaboration in the future as well as joint lobbying coalitions to pass

legislation supportive of all of the helping disciplines. The cohesive and inclusive characteristics of the counseling profession place it in a position to participate in a leadership role in initiating such collaborative endeavors.

How Will These Future Trends Affect Jobs and the Counseling Vocation?

Professional Counselors As Providers of Managed Health-Care

Professional counselors are and will continue to be accepted as providers of managed health-care services. Expertise in marriage and family counseling will increase their attractiveness to managed health-care companies and health-maintenance organizations. This trend will be intensified even further when additional cost effectiveness research studies are completed contrasting the results of marriage/family counseling to individual counseling (Pike & Piercy, 1990). The cost effectiveness ratio of professional counselors,that is, high quality services for lower fees, will drive the trend toward increased inclusion of professional counselors in such programs, as the industrialization of health care continues.

More Jobs in Medical and Health-Care Settings

More jobs for professional counselors will become available in hospitals and other medical settings. As the roles of family support and social support in treating chronic illneses are better understood by the medical community, programs to involve spouses and family members in

treatment regimens will proliferate. With expertise in marriage and family counseling and a positive attitude toward growth and wellness, professional counselors are well equiped to provide services in these health-related areas. By initiating and conducting such programs, professional counselors will carve their niche in these medically -oriented environments.

Professional Counselors Will Conduct More Marriage and Family Counseling Regardless of Setting

As with all mental health helpers, professional counselors will conduct more marriage and family counseling in the future regardless of setting. There will be an increased demand for courses in family counseling and marriage counseling, so that graduates will possess the competencies to conduct additional marriage and family counseling. Since short-term, brief counseling will be necessitated in most settings by time and funding, marriage and family counseling will increase.

More Family Approaches Will Be Used by School Counselors in School Settings

In schools, counselors will reach out to work effectively with families, in order to treat the problems of students. For example, according to Peeks (1989), school counselors helped families who had lost their farms and whose children were exhibiting problems in school. In particular, elementary school counselors will use family approaches to reduce the emotional maladjustments of school -age children. Secondary school counselors will involve

groups of parents in psychoeducational meetings to convey needed information about the launching phase. In addition, seeing individual families about the plans and problems of their teenagers will become commonplace.

Schools As Centers for Family Wellness

As the institution through which every citizen is socialized, schools will become centers for family wellness. Diverse models of such centers will be piloted and funded through the federal government and private resources.

Increased Need for In-Service Workshops To Learn Specific Techniques Prescribed for Specific Diagnoses

Since a number of current practicing professional counselors did not have course work in marriage and family counseling in their counselor education programs or think that they could become more competent in this area (Thrash -Redo, 1990), there will be an increased need for in-service workshops in job settings and within driving distance, often sponsored by professional associations. Counselors desire specific techniques that can be used to treat particular disorders. They want to know how to combine techniques from diverse schools pragmatically and sequentially to treat a client who has a specific problem and diagnosis.

Professional Counselors Will Work with Diverse Family Structures and Cultures--Pluralism in Action

As stated earlier, marriage/family counselors and professional counselors in general will work with much more diversity as we near the Twenty-First Century. Family structures that people create will provide their needs for

nurturance. Families from many cultures and sub-cultures will be served by the counselors of tomorrow--pluralism in action.

References

Avis, J. M., & Sprenkle, D. H. (1990). Outcome research on family therapy training: A substantive and methodological review. Journal of Marital and Family Therapy, 16(3), 241-264

Baucom, D. H., & Epstein, N. (1991). Will the real cognitive behavioral marital therapy please stand up? Journal of Family Psychology 4(4), 394-401.

Berman, W. H. , Kisch, J., DeLeon, P. H., & Cummings, N. C. (1987). The future of psychotherapy in the age of diminishing resources. Psychotherapy in Private Practice, 5(4), 105-118.

Capuzzi, D., & Noeth, R. J. (Eds.). (1984). Counselor skills: Expectances for the future, Part One. School Counselor, 31(3), 205-94.

Comas-Diaz, L. (1992). The future of psychotherapy with ethnic minorities. Psychotherapy, 29, 88-94.

Coyne, J. C., & Liddle, H. A. (1992). The future of systems therapy: Shedding myths and facing opportunities. Psychotherapy, 29, 44-50.

Goldfried, M. R., & Castonguay, L. G. (1992). The future of psychotherapy integration. Psychotherapy, 29, 4-10.

Guillebeaux, F., Storm, C. L., & Demaris, A. (1986). Luring the reluctant male: A study of males participating in marriage and family therapy. Family Therapy, 13(2), 215-225.

Gurman, A. S. (1991). Back to the future, ahead to the past: Is marital therapy going in circles? Journal of Family Psychology, 4(4), 402-406.

Gurman, A. S., & Kniskern, D. P. (1992). The future of marital and family therapy. Psychotherapy, 29, 65-71.

Ham, M. D. C. (1991). Teaching family therapy in an academic counselor training program; A productive paradox. Journal of Mental Health Counseling, 13(2), 211-20.

Jacobson, N. S. (1991). Toward enhancing the efficacy of marital therapy and marital therapy research. Journal of Family Psychology, 4(4), 373-393.

Jacobson, N. S., and Others (1989). Marital Therapy and spouse involvement. in the treatment of depression, agoraphobia, and alcoholism. Journal of Consulting and Clinical Psychology, 57(1), 5-10.

Lazarus, A. A., & Bentler, L. E. (1992). The future of technical eclecticism. Psychotherapy, 29, 11-20.

Markman, H. J. (1991). Backwards into the future of couples therapy and couples therapy research: A comment on Jacobson. Journal of Family Psychology, 4(4), 416-425.

Norcross, J. C. (Ed.). (1992). On the occasion of the Centennial of the American Psychological Association: Special Issue: The future of psychotherapy. Psychotherapy, 29, 1-158.

Norcross, J. C., Alford, B. A. & De Michele, J. T. (1992). The future of psychotherapy: Delphi data and concluding observations. Psychotherapy, 29, 150-158.

Norcross, J. C., & Freedheim, D. (1992). Into the future: Retrospect and prospect in Psychotherapy. In D. Freedheim, (Ed.). The history of psychotherapy: A century of change (pp. 881-900). Washington, D.C.: American Psychological Association.

Okun, B. F. (1984). Marriage and family counseling. Seachlight plus: Relevant resources in high interest areas. Ann Arbor, Michigan: ERIC Clearinghouse on Counseling and Personnel Services.

Peeks, B. (1989). Farm families in crisis: The school counselor's role. School Counselor, 36(5), 384-88.

Pike, C. L., & Piercy, F. P. (1990). Cost effectiveness research in family therapy. Journal of Marital and Family Therapy 16(4), 375-88.

Steenbarger, B. N. (1991). All the world is not a stage: Emerging contextualist themes in counseling and development. Journal of Counseling and Development, 70(2), 288-96.

Snyder, D. K., & Wills, R. M. (1991). Facilitating change in marital therapy and research. Journal of Family Psychology, 4(4), 426-435.

Thomas, M. B. (1992). An introduction to marital and family therapy: Counseling toward healthier family systems across the lifespan. New York: Macmillan Publishing Company.

Thomas, M. B. (1986). The use of expectancy theory and the theory of learned helplessness in building upon the strengths of ethnic minorities: The black experience in the United States. International Journal for the Advancement of Counseling, 9, 371-379.

Thomas, M. B. (1983). A comparison of ACES and AAMFT requirements for accreditation. In B. Okun and S. Gladding (Eds.), Issues in training marriage and family therapists. Ann Arbor, Michigan: ERIC/CAPS-ACES.

Thomas, M. B., & Dansby, P. G. (1985). Black clients: Family structures, therapeutic issues, and strengths. Psychotherapy, 22, 398-407.

Thrash-Redo, S. (1990). Preservice and inservice training needs of American Association for Counseling and Development members in relation to child, youth, and family issues & counselor training). Doctor's dissertation. Commerce, Texas: East Texas State University.

Walz, G. R., and Others (1991). Counseling futures. Ann Arbor, Michigan: ERIC Clearinghouse on Counseling and Personnel Services.

Wills, R. M., Faitler, S. L., & Snyder, D. K. (1987). Distinctiveness of behavioral versus insight oriented marital therapy: An empirical analysis. Journal of Consulting and Clinical Psychology, 55, 685-690.